

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

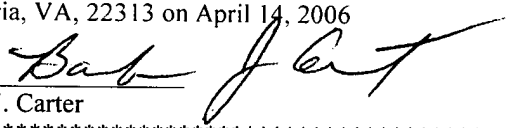
Applicant: Simpkins, et al.
Serial No: 10/082,812
Filing Date: February 25, 2002

Atty Docket: 1540/144
Examiner: K. Weddington
Art Unit: 1614

Invention: METHODS OF PREVENTION AND TREATMENT OF ISCHEMIC DAMAGE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, Box 1450, Alexandria, VA, 22313 on April 14, 2006


Barbara J. Carter

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE D

Dear Sir:

This communication is in response to the office action mailed December 15, 2005. Please amend the above-identified application as follows in order to put the application in condition for allowance:

Amendments to Pending Claims begins on p. 2 of this paper.

Remarks begin on p. 3 of this paper.



Patitioner's Docket No. 1540/144

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: James W. Simpkins

Application No.: 10/082,812

Group No.: 1614

Filed: 02/25/2002

Examiner: Weddington, K.

For: Methods of Prevention and Treatment of Ischemic Damage

**RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
1614**

**Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. § 1.8(a)

■ with sufficient postage as first class mail.

37 C.F.R. § 1.10*

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TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

04/19/2006 TBESHAH1 00000024 194972 10082812

01 FC:2251 60.00 DA

Date: April 14, 2006

Barbara J. Carter
Signature

Barbara J. Carter

(type or print name of person certifying)

** Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.*

2. Applicant is a small entity A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$60.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)		SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE	
TOTAL	2	MINUS	22	= 0	x \$	25.00	= \$	0.00
INDEP	1	MINUS	9	= 0	x \$	100.00	= \$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+	\$ 0.00	= \$	0.00
TOTAL							\$	0.00
ADDIT. FEE								

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$60.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

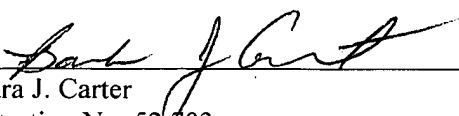
A duplicate of this paper is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 19-4972.

If any additional fee for claims is required, charge Account No. 19-4972.

Date: April 14, 2006


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